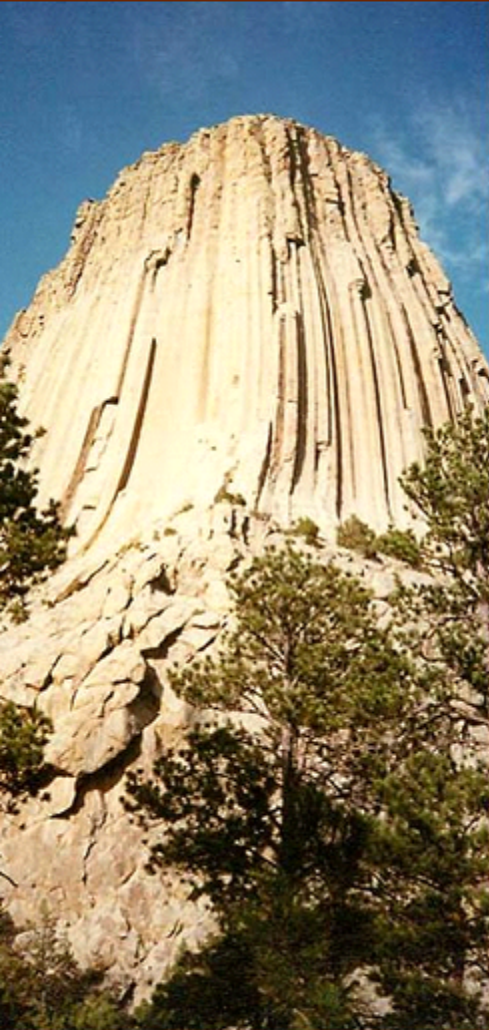


# Wyoming Workers' Safety and Compensation

## Helpful Information for Injured Workers



# Customer Service

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The Division has full-time personnel who specialize in aiding injured workers with claim information and problems.

Contact the Customer Service Unit during business hours at:  
(307)777-5476, or via e-mail at  
[askmewc@state.wy.us](mailto:askmewc@state.wy.us).

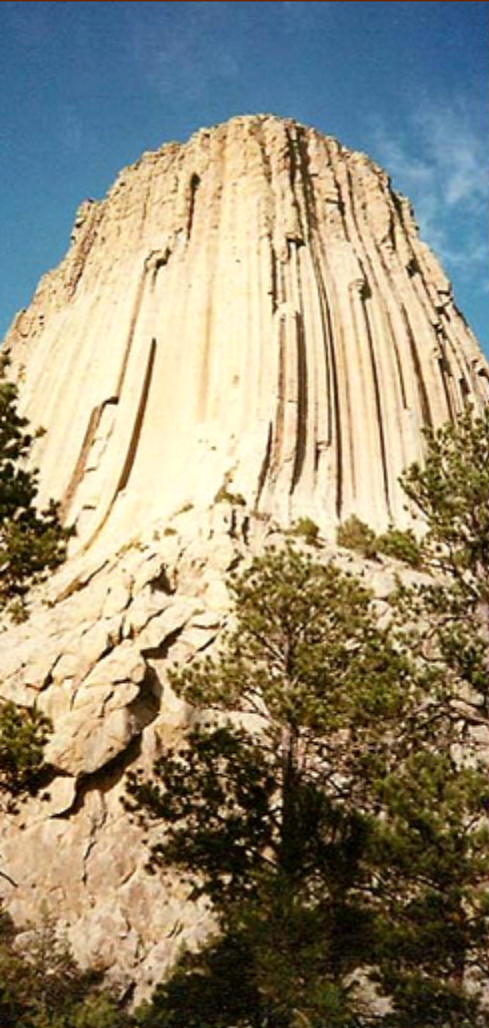
# What Must You as an Employee Do When an Injury Occurs?

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Notify your employer immediately.

Your claim may be denied if you fail to tell your employer within 72 hours of the injury. (Wyoming Statute § 27-14-502a)

You must also file a written Report of injury within 10 days of the injury. (*A report of injury is not a claim for benefits.*)



# Obtaining First Prescription

If you have been given a prescription by the health care provider, your employer can provide you with a form so that you can receive limited medications without a case number until your case number has been assigned.

DEPARTMENT OF EMPLOYMENT  
WORKERS' SAFETY AND  
COMPENSATION DIVISION  
1510 East Pershing Boulevard  
Cheyenne, WY 82002  
(307) 777-5476

## Healthsystems<sup>®</sup>

www.healthsystems.com  
5100 W Lemoor Street, Suite 312  
Tampa, FL 33609  
P: 800.921.1880 F: 813.786.1881



### Injured Worker First Fill Prescription Form

#### Injured Worker Instructions (\*For New Injuries Only):

On your first visit to the pharmacy, please give this form to the pharmacist to expedite the processing of your approved workers' compensation prescriptions. Approved prescriptions are based on the parameters established by Wyoming Workers' Safety and Compensation Division. This form must be used to fill your prescription within 15 days of the date of injury. To locate a network pharmacy closest to you call 800.758.5779 or visit [www.healthsystems.com](http://www.healthsystems.com)

Please PRINT the following information:

Last Name:	First Name:	Date of Birth:
*Social Security Number	*Date of Injury:	
Employer Name:	Employer Phone Number:	Carrier/Customer ID: <b>6000WSCD</b>

\*Required Information

#### Pharmacist Instructions:

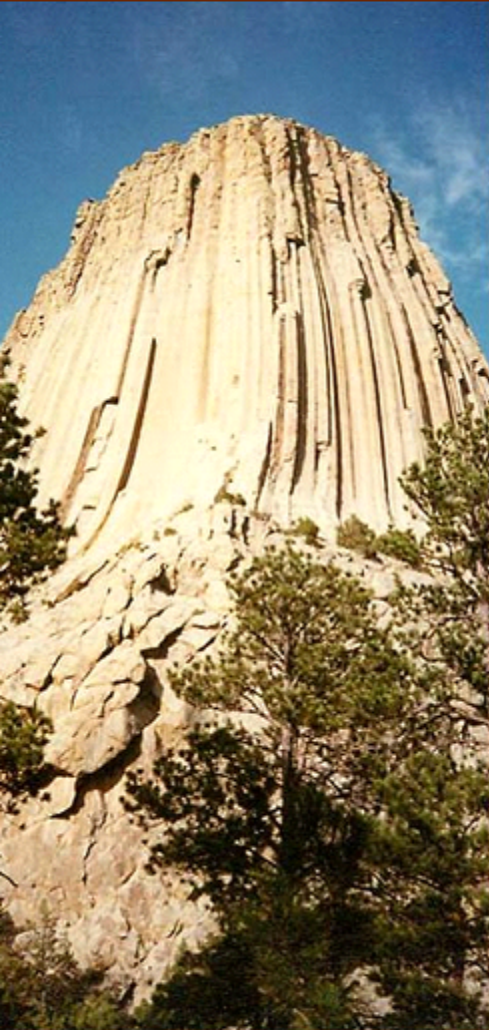
Your pharmacy is contracted to participate in the Healthsystems<sup>®</sup> Pharmacy Network. To dispense the patient's First-Fill, please call Healthsystems at 800.758.5779. Please indicate to the Healthsystems Help Desk that this is a new workers' compensation injury. Please do not process under an existing injury.

Healthsystems pharmacy Help Desk phone number: 800.758.5779	
SD#:	Temporary Member ID# (to be provided by the Healthsystems Help Desk):
<b>012874</b>	

For Pharmacist use only

Thank you for your assistance





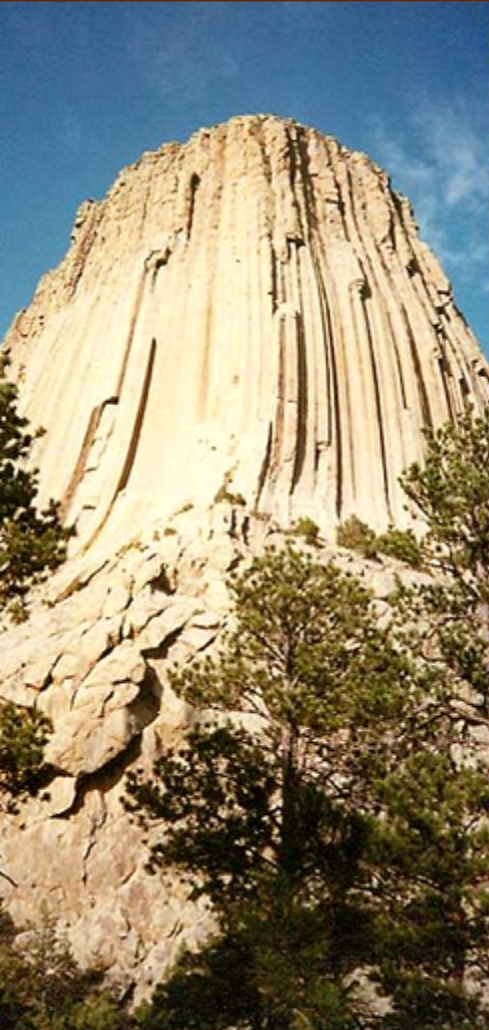
# What Must You as an Employee Do When an Injury Occurs?

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Workers' Compensation will assign a case number when the Report of injury is received, and will notify you of that case number.

Give the case number to everyone providing medical services for related injury.

Medical bills can not be paid without a case number.



# Eligibility for Benefits

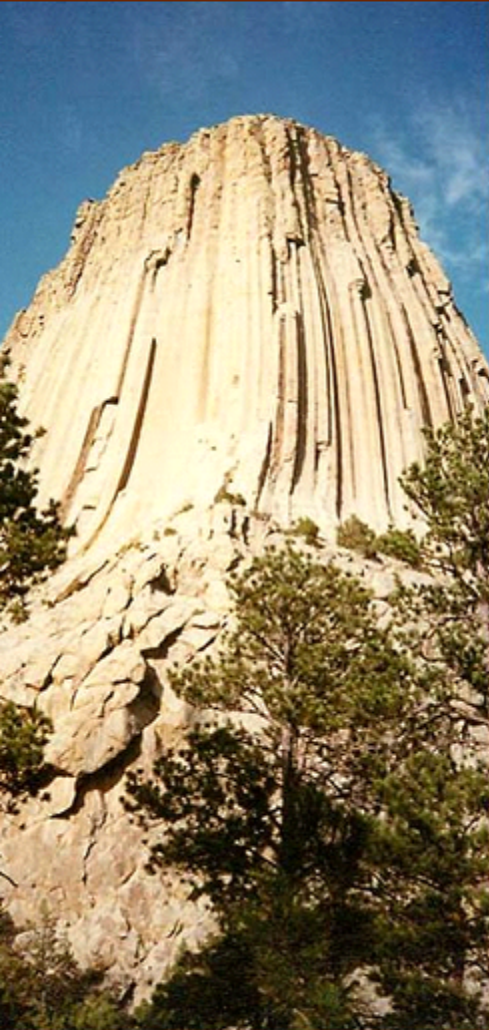
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For a claim to be compensable, the injury must arise out of and be in the course of employment.

(Wyoming Statute § 27-14-102(a)(xi))

“Arising out of ” points to the cause or origin of the accident, and to proof of some causal connection between the accidental injury and the employment.

This means it arises out of the nature, conditions, obligations, and incidents of the employment.

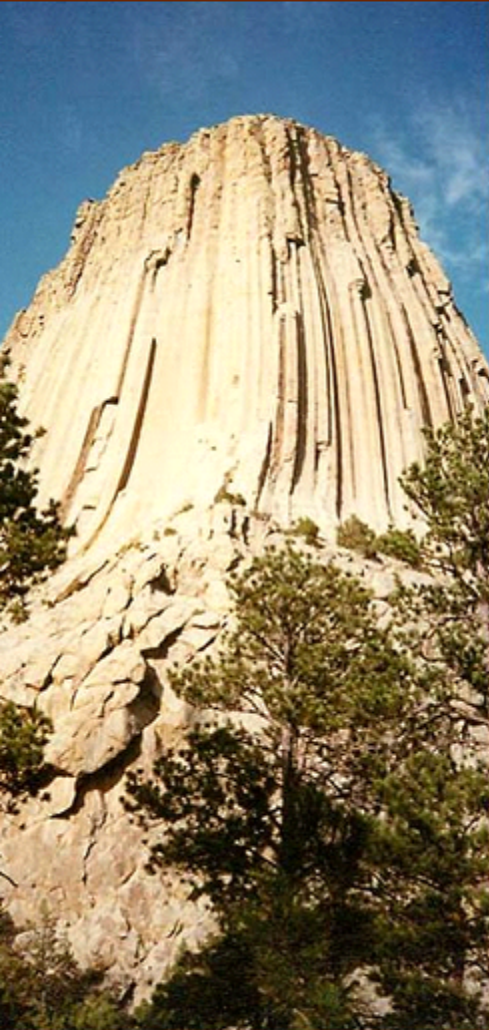


# Eligibility for Benefits

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“In the course of ” relates to the time, place, and circumstances under which the accident occurred.

This means the injury happened while the employee was at work in his or her employer's service.



# Definition of Injury

Wyoming Statute 27-14-102(a)(xi)

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"Injury" means any harmful change in the human organism other than normal aging, arising out of and in the course of employment.



## Definition of Injury

Wyoming Statute 27-14-102(a)(xi) (Cont.)

"Injury" does not include:

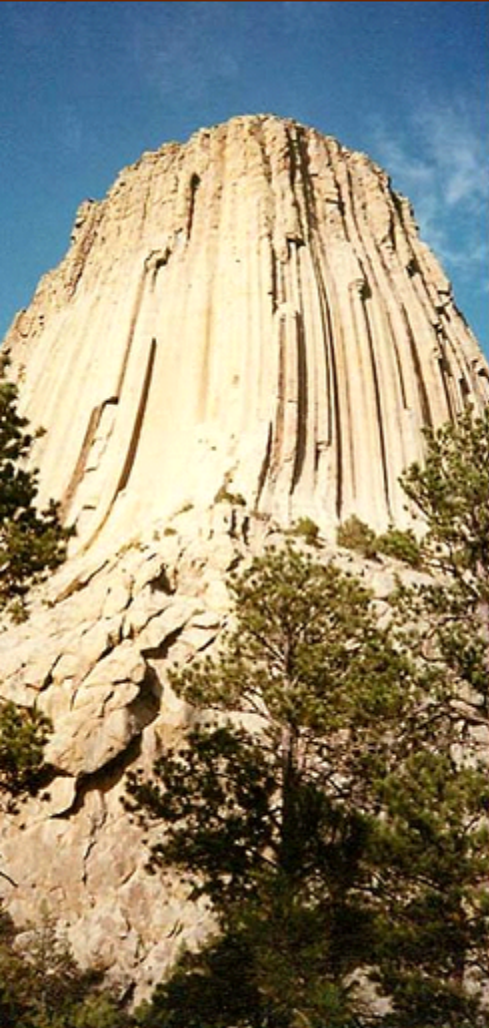
Any illness or communicable disease;

The fact the employee is intoxicated or under the influence of a controlled substance;

The employee's willful intention to injure or kill himself or another;

Injury due solely to the culpable negligence of the injured employee;

Any injury sustained during travel to or from employment;



## Definition of Injury

Wyoming Statute 27-14-102(a)(xi) (Cont.)

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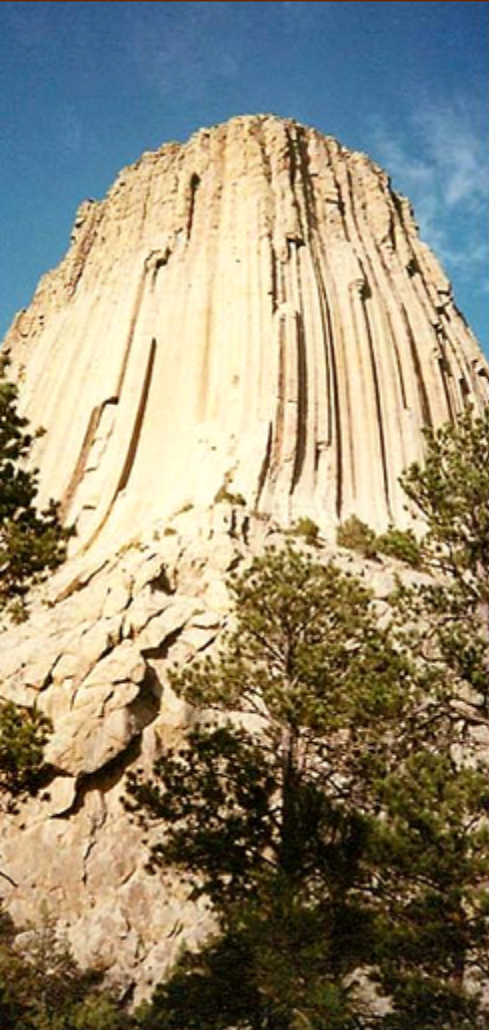
"Injury" does not include (cont.):

Any injury sustained by the prisoner or harm resulting from any illegal activity engaged in by prisoners;

Any injury or condition preexisting at the time of employment;

Any injury resulting primarily from the natural aging process or from the normal activities of day-to-day living;

Any injury sustained while engaged in recreational or social events.



# Definition of Injury

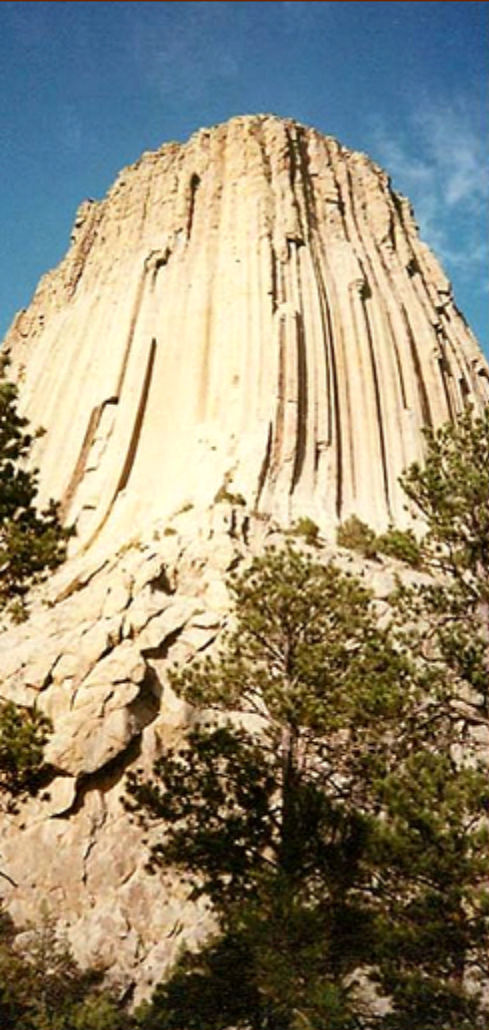
Wyoming Statute 27-14-102(a)(xi) (Cont.)

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"Injury" does not include (cont.):

Any mental injury unless it is caused by a compensable physical injury.

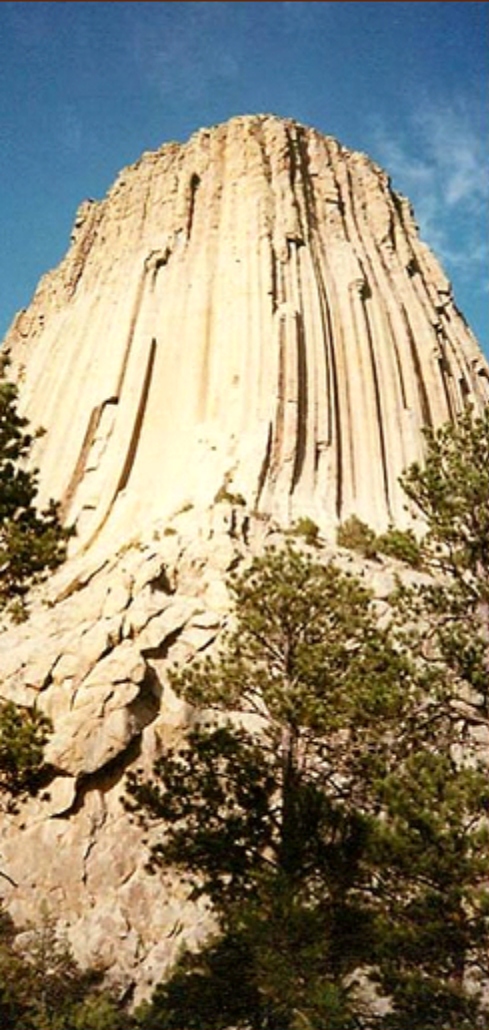
In no event shall benefits for a compensable mental injury be paid for more than six (6) months after an injured employee's physical injury has healed to the point that it is not reasonably expected to substantially improve.



# Review of Injury Report

Wyoming Statute 27-14-601(k)

- (i) The initial review of entitlement to benefits pursuant to subsections (a) and (e) of this section shall be made by the Division within fifteen (15) days after the date the injury report or claim is filed.
- (ii) Following issuance of a request for additional information under paragraph (k)(i) of this section, the Division shall investigate the matter and issue its final determination within forty-five (45) days after issuing the request;



# Employee Responsibilities

(Continued)

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The Analyst assigned to you can provide you updated information regarding your case.

The Claims Analyst can not discuss your case with your spouse, parent, significant other without a signed Release of Information Form.

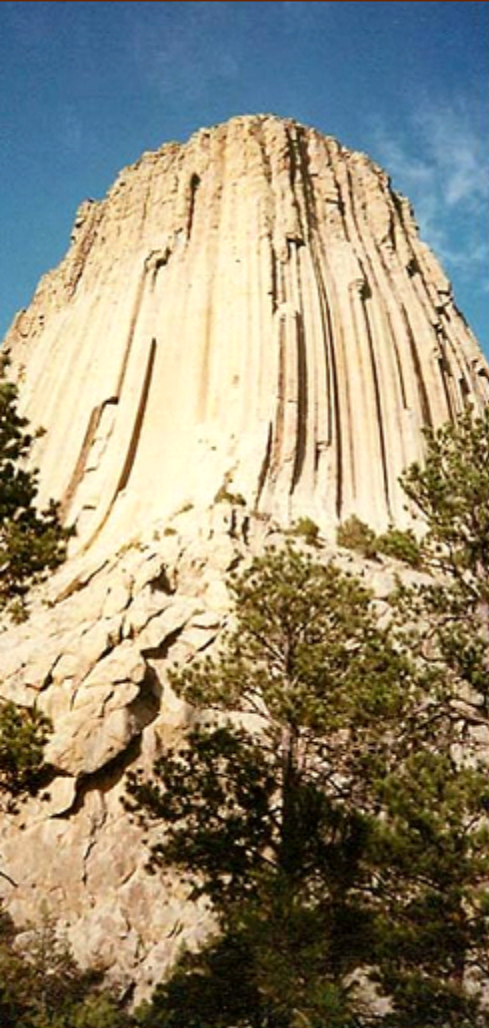
When calling the Division for information, you will need to have your case number.

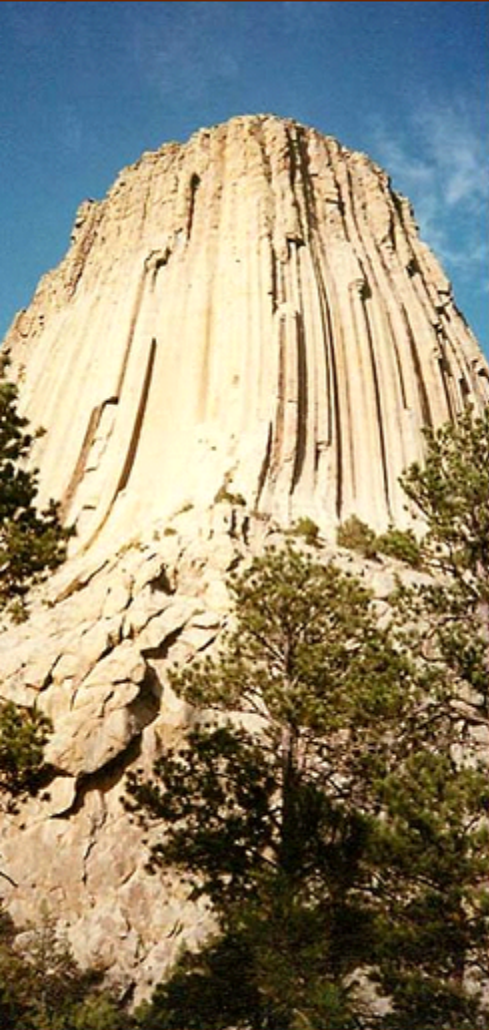
# Final Determination

Wyoming Statute 27-14-606

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Each determination or award is an administrative determination of the rights of the employer, the employee and the disposition of money within the worker's compensation account as to all matters involved. No determination shall be final without notice and opportunity for hearing as required by this act.

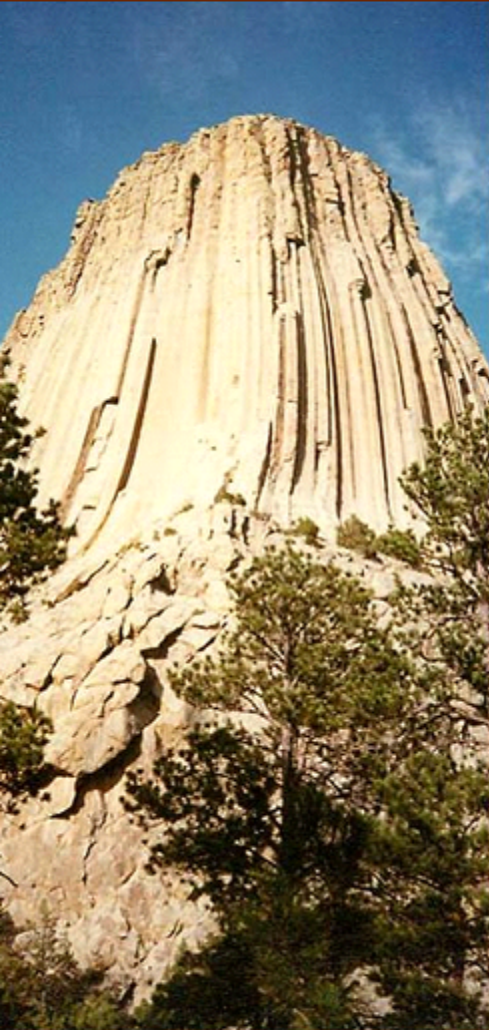




# Hearing Proceedings

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When parties cannot agree upon the worker's right to compensation under the Workers' Compensation Act or any other final determination of the Division, any interested party may request a hearing before a hearing examiner by filing a written request for hearing with the division within fifteen (15) days after the date the notice of the final determination was mailed by the division.



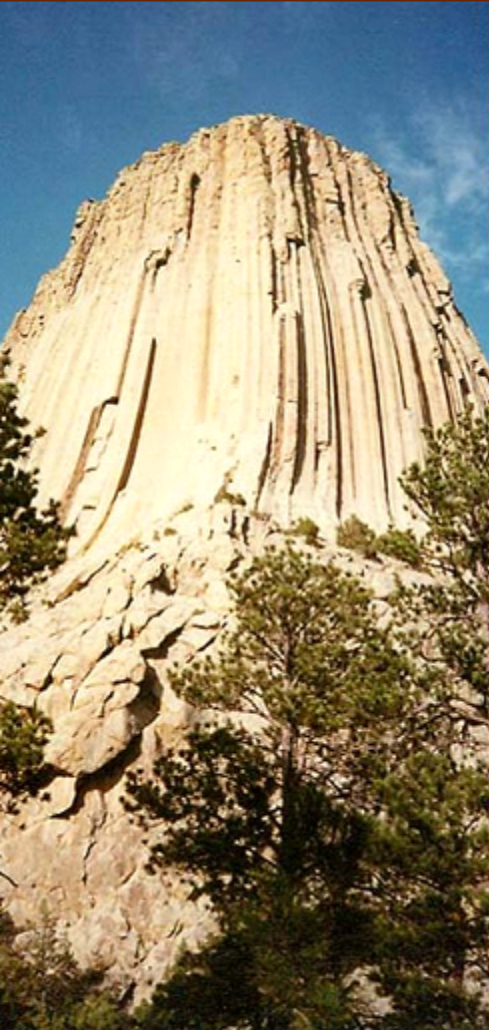
# Medical Benefits

The Division will pay for medical treatment if it is:

- Directly related to injury

- Reasonable and necessary medical care

If medical benefits are not approved or questioned, you will be notified by mail.  
mail.

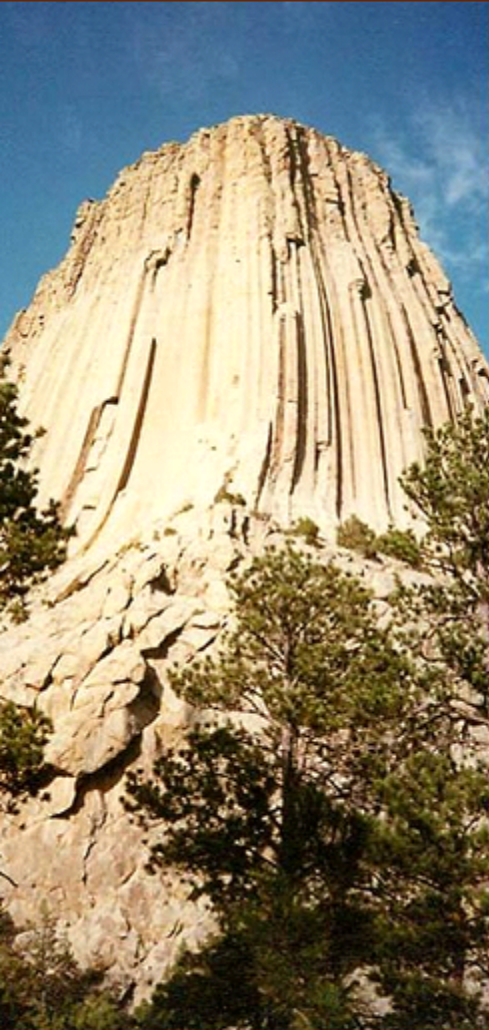


# Medical Benefits

Providers will bill the Division directly with all necessary documentation to pay claims.

Bills are reviewed and, if appropriate, are paid by a set fee schedule. You should not be billed for injury related services provided by Wyoming doctors or facilities.

Make sure your medical provider has your case number.

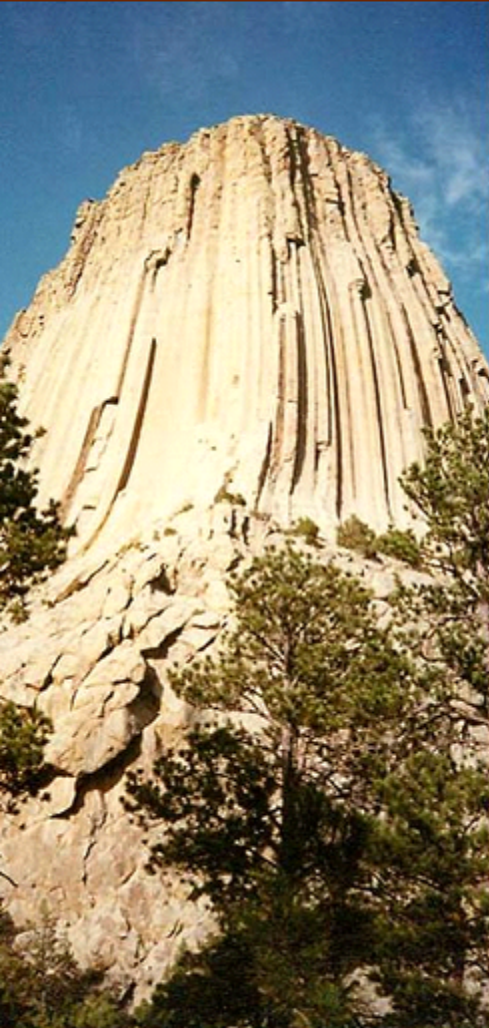


# Medical Benefits

Once you choose a primary health care provider, you may not change without prior approval by the Division or a referral from your health care provider.

Approval may be obtained by filling out a request form. Please contact your Claims Analyst to obtain a form.

You are responsible for any personal items or treatments not related to your injury.

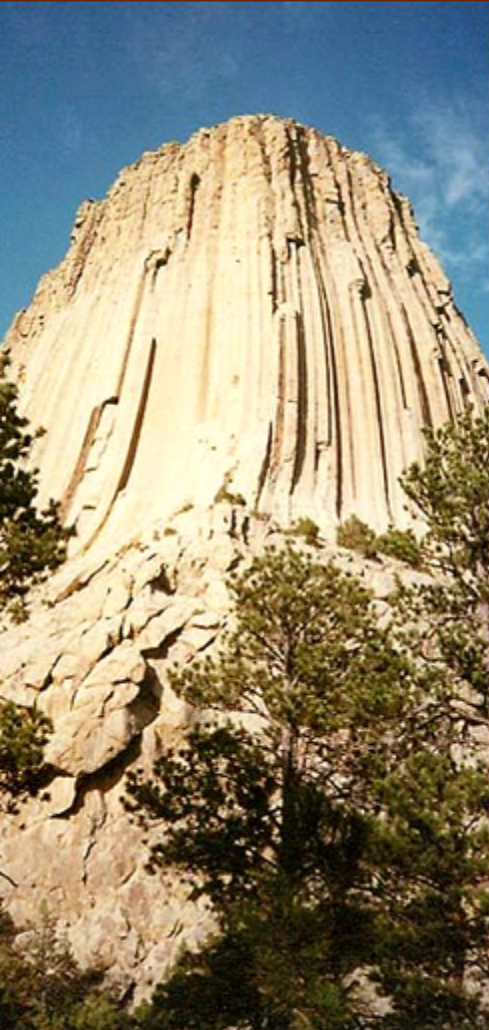


# Travel Reimbursement

Travel reimbursement will only be allowed to the nearest medical provider for the particular medical specialty.

The Reimbursement Voucher Form may be obtained at local Workers' Compensation offices, downloaded from the Website at <http://doe.wyo.gov/ProductionDocuments/WS-CD-Claims/reimb.pdf> or by calling the Division at 307-777-7441.

Reimbursement requests must be filed with the Division within one year.

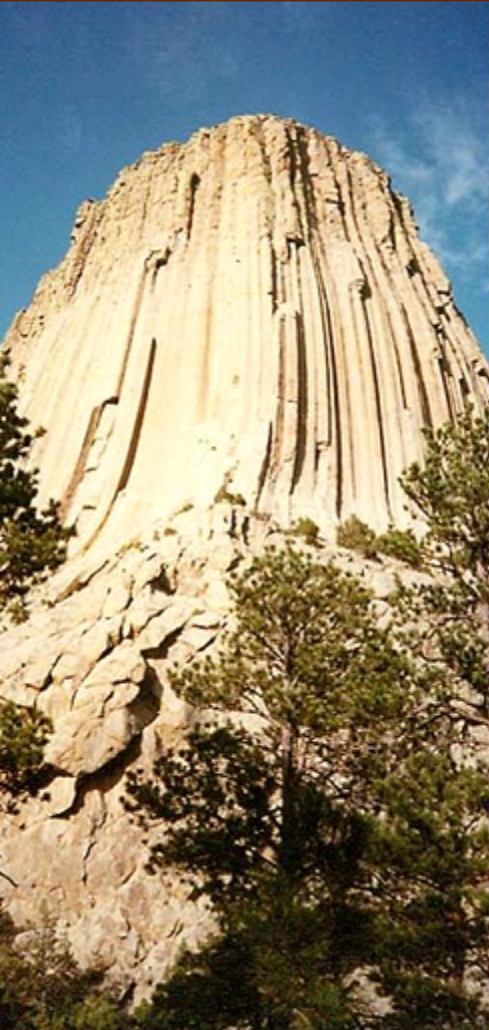


# Travel Reimbursement

Only the injured worker may be reimbursed for his/her personal travel and meals. Any persons accompanying the injured worker are responsible for their own expenses.

Reimbursement for travel is based on map mileage from city to city for distances greater than ten miles.

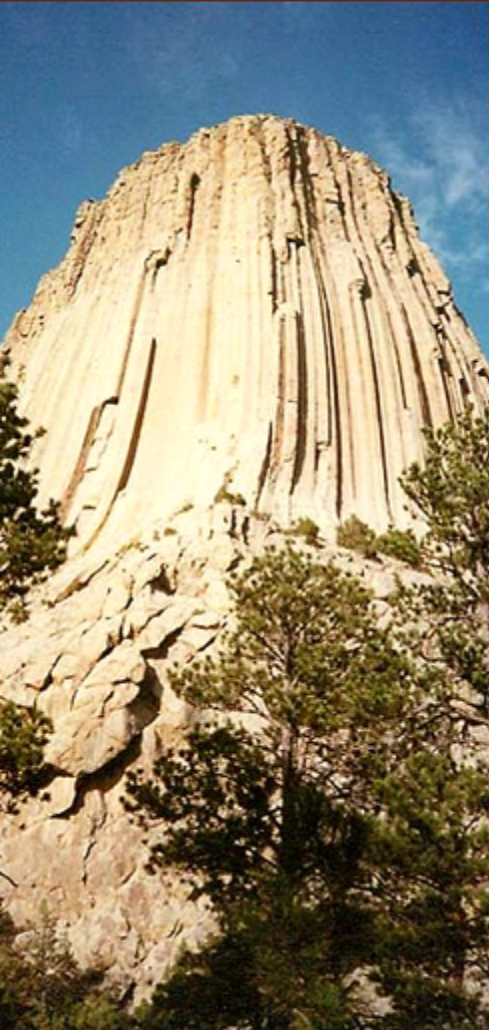
Requests for reimbursement of meals, motel, or other travel expenses must be accompanied by the original receipt.



# Travel Reimbursement

Travel requiring over-night accommodations, including hotel or meal expenses, must be pre-authorized by the claims analyst. Travel, other than motor vehicle will be arranged by the claims analyst.

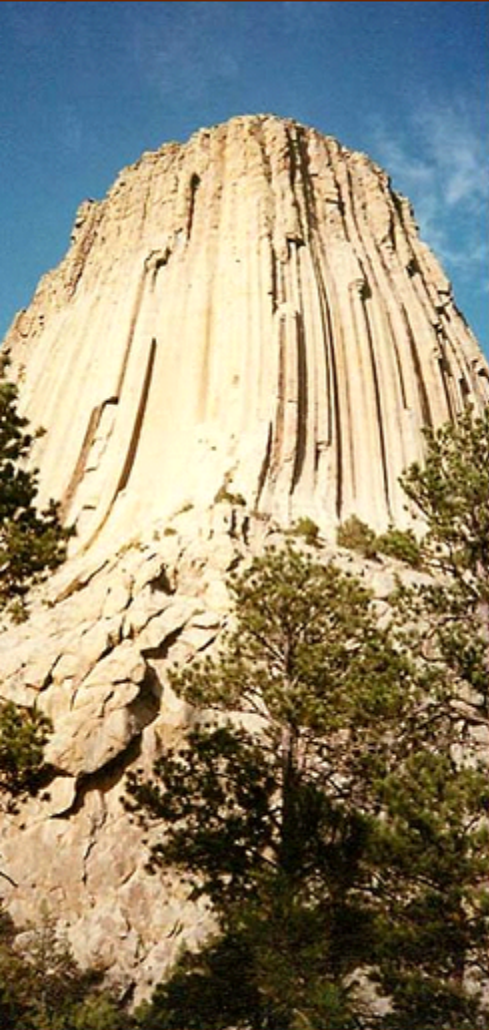
Trips of more than one day may be reimbursed on a per diem basis. Original receipts for meals and motel must be submitted.



# Temporary Total Disability

Temporary Total Disability payments shall not be allowed for the first three (3) days of disability unless the incapacity extends beyond eight (8) days.

Except under extraordinary circumstances TTD will not be paid for more than 24 months.

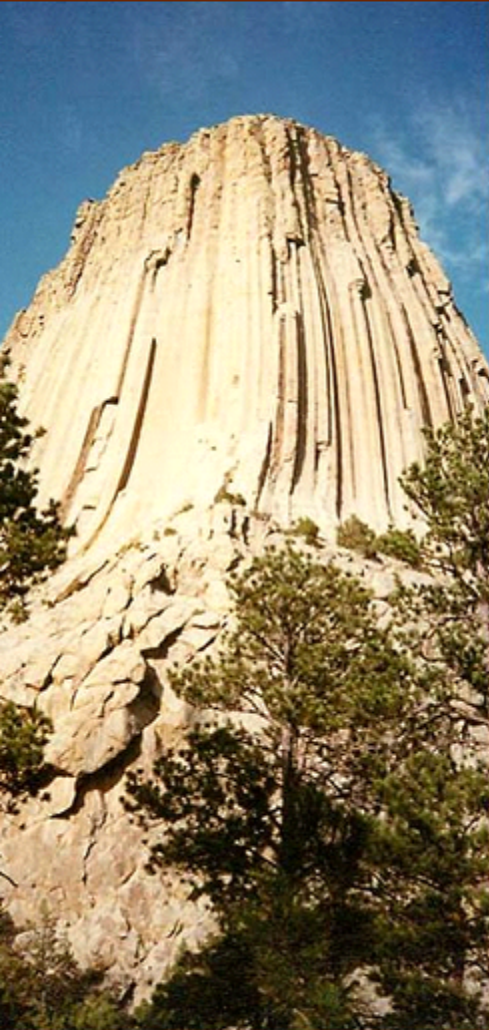


# Temporary Total Disability

TTD is paid bi-monthly at the rate of  $\frac{2}{3}$  (.6667) of the injured worker's actual monthly earnings with these exceptions.

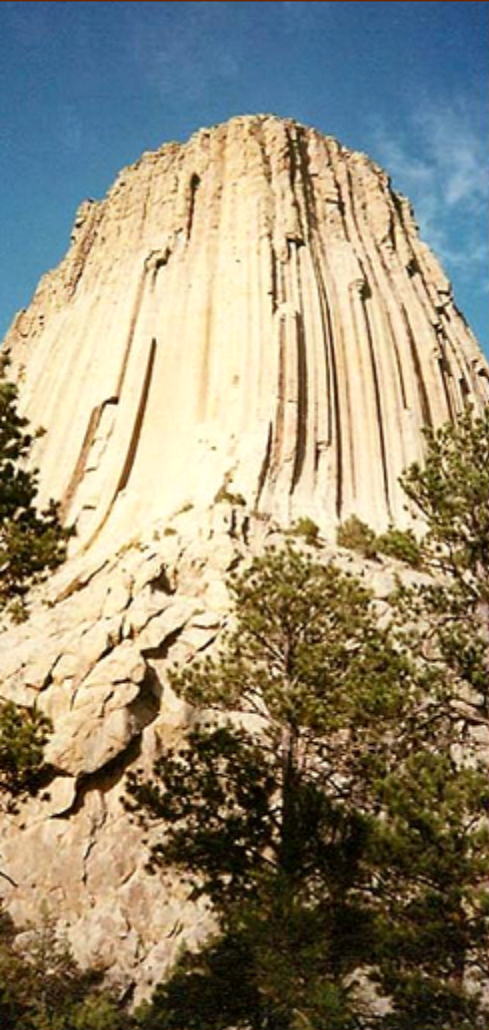
TTD benefits will be paid at a minimum amount for of 30% of the Statewide Average Wage (SWAW), but not to exceed 100% of actual monthly earnings at time of injury.

TTD cannot exceed the state's average monthly wage for the quarter of injury.



# Temporary Total Disability

Monthly benefits may increase by 3% if all of medical care is received entirely in Wyoming, or if the distance from your residence to an in-state health care provider is at least one hundred (100) miles greater than the distance from the employee's residence to an out of-state medical provider. This also applies if the employer has a contractual agreement with an out-of-state health care provider.

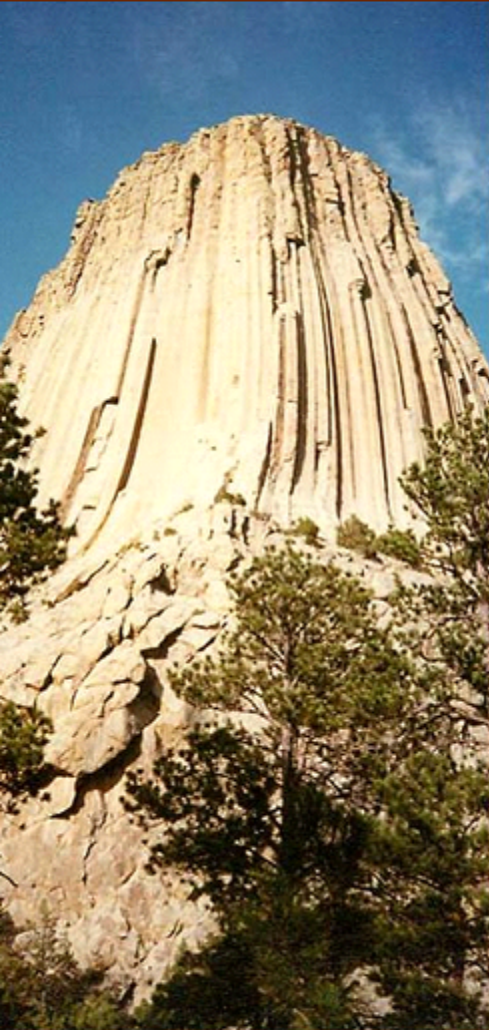


# Temporary Total Disability

All income earned must be considered in determining monthly earnings. This includes tips or other employment the injured worker may have.

Employees cannot receive Unemployment Benefits & Temporary Total Disability benefits at the same time.

Compensation benefits are *not taxable*.

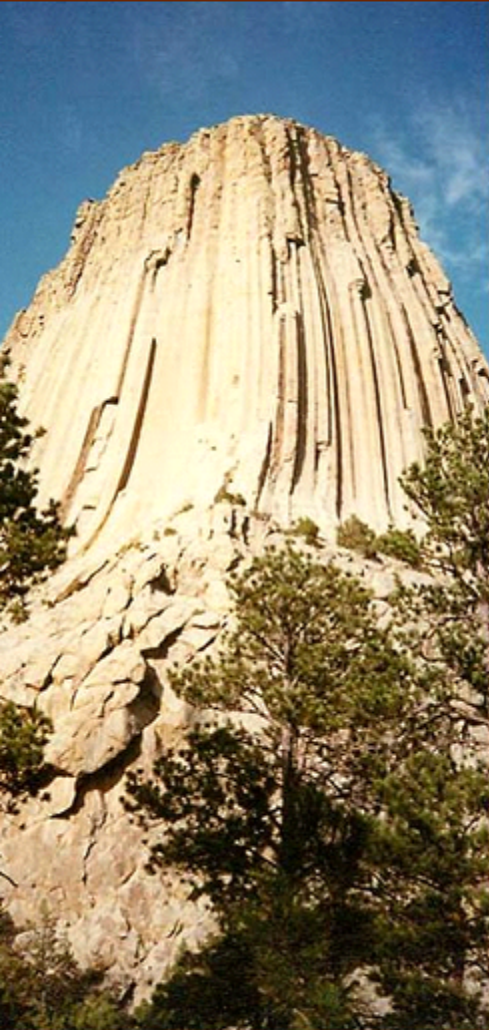


# Light Duty

Employers are encouraged to provide light or modified duty for injured workers within their medical limits to reduce benefit costs.

When an employer makes a bona fide written offer of light duty or part time work, and the employee accepts the offer, the employer's Workers' Compensation account will **not** be charged for the compensation benefits paid to the employee.

The employee's income should increase due to the fact he/she would earn wages in addition to receiving the light duty benefits from the Division.



# Light Duty

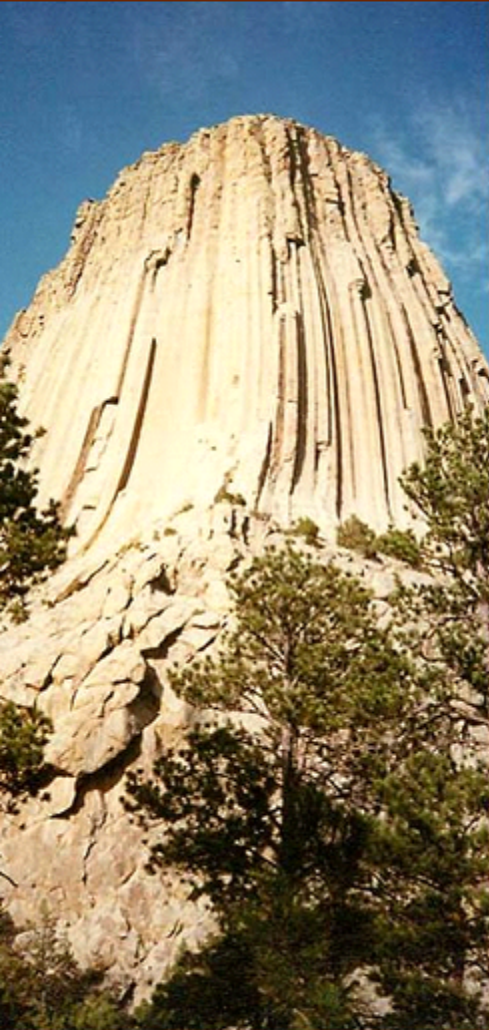
The employer may pay an employee whatever wages are deemed appropriate for the light duty work to be performed.

Light duty will be paid at the rate of 80% of the difference between the employee's light duty wage and the employee's actual monthly earning at the time of injury.

# Light Duty

The Temporary Light Duty work must be on the agreement form supplied by the Division, completed by the employer, certified by the treating physician and signed by the injured worker.



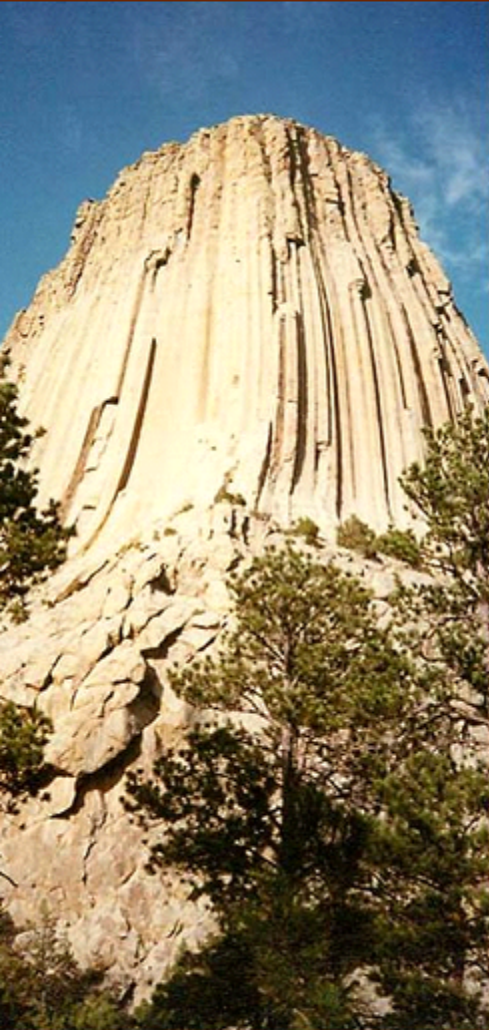


# Light Duty

Temporary Light Duty cannot exceed one (1) year cumulatively for any one injury.

If light duty lasts longer than 90 days an IME w/rating may be appropriate to determine if claimant has reached ascertainable loss.

The award shall cease if the employee's actual monthly earnings from all sources exceed 95% of the employee's actual monthly earnings at the time of injury.



# Light Duty

Should the employee refuse the TLD, payments will be reduced to 1/3 of temporary wage rate. (this will also be non-chargeable to the employer's account)

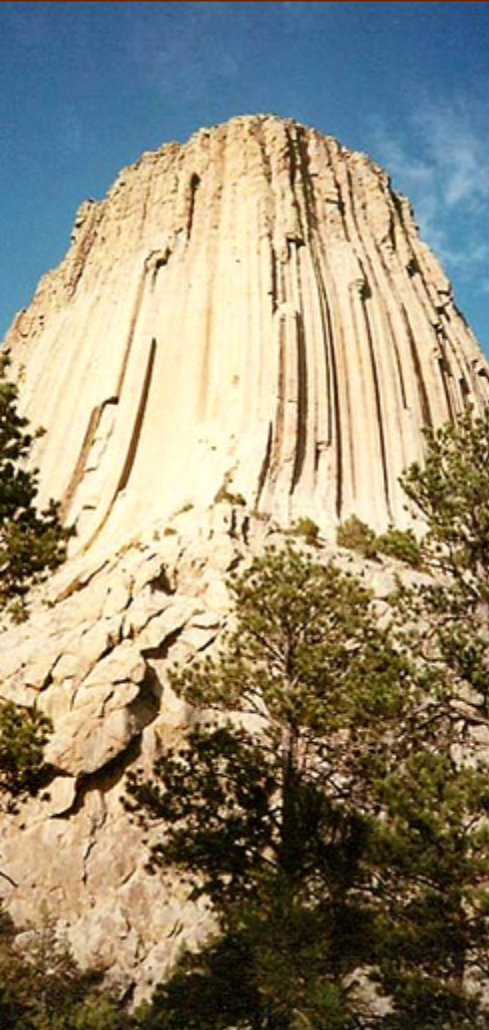
An employee may refuse a light duty offer, without consequence if written proof of enrollment in any of the following has been submitted

College

Vocation Re-training

GED

WSCD approved re-training other than pre-injury occupation



# Independent Medical Evaluations

An Independent Medical Evaluation (IME) is a medical examination performed by a licensed medical professional other than the current treating health care provider.

An Independent Medical Evaluation can be requested by the Division or by the Employer.

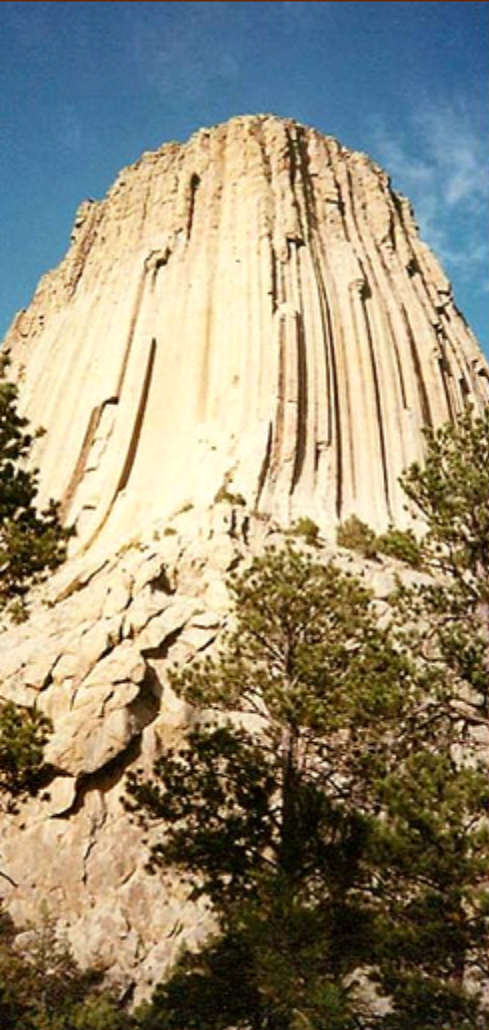
Can be used:

- As a second opinion.

- To assist the primary health care provider when current treatment seems to be ineffective.

- To clarify the current state of health of the injured worker.

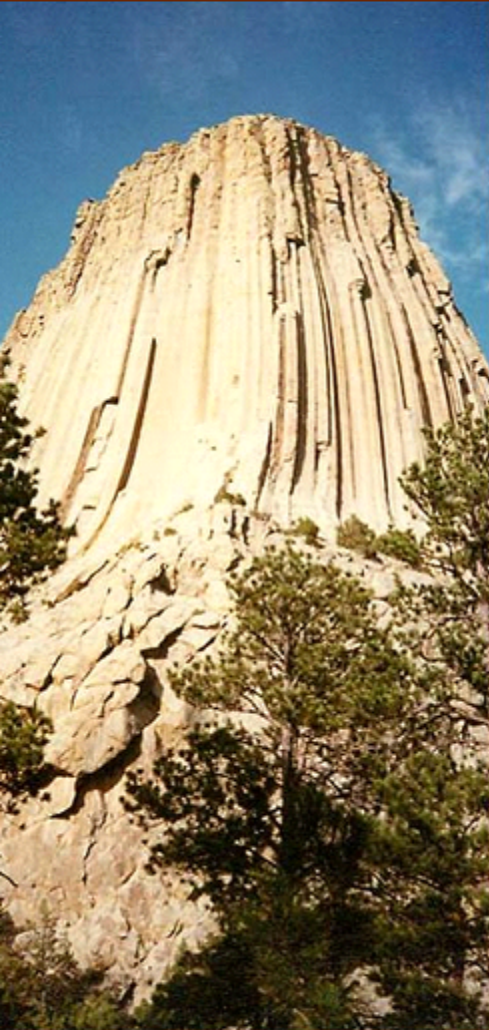
- To help determine if an injured worker is ready to return to work, and what restrictions might be appropriate.



# Permanent Partial Impairment Benefits

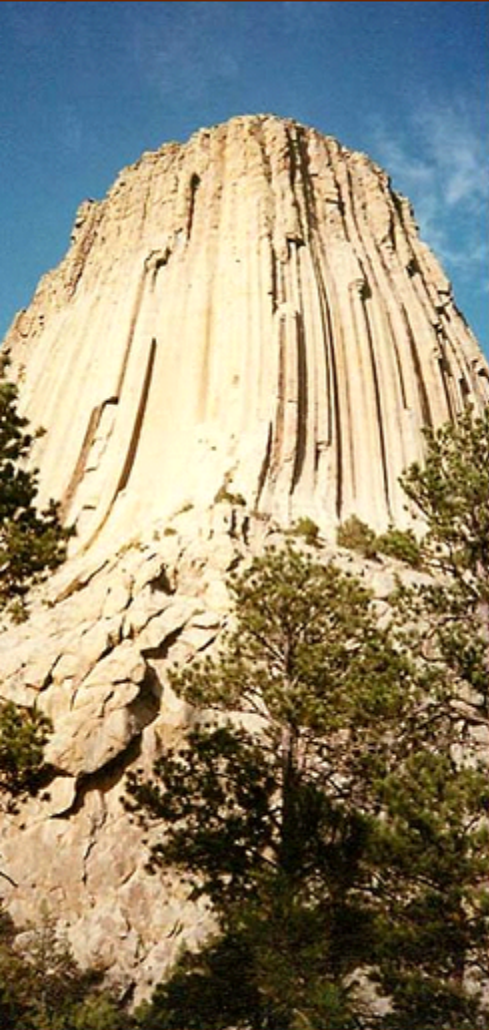
When a worker's condition has stabilized and they have reached Ascertainable Loss (AL) status, they may qualify for a Permanent Partial Impairment (PPI) award.

An Impairment Rating is an evaluation like an Independent Medical Evaluation, that determines what percentage of impairment the injured worker has suffered. The results of the Impairment Rating is expressed in a percentage and results in a cash award to the injured worker if the percentage is greater than zero.



# Permanent Partial Impairment Benefits

The percentage of impairment must be assigned by a physician licensed to practice medicine or surgery. The rating may come from the treating physician or from another health care provider through a referral by the Division. All impairment ratings must conform to the most current edition of the AMA Guides to the Evaluation of Physical Impairment so the rating physicians are consistent in their method and determinations.

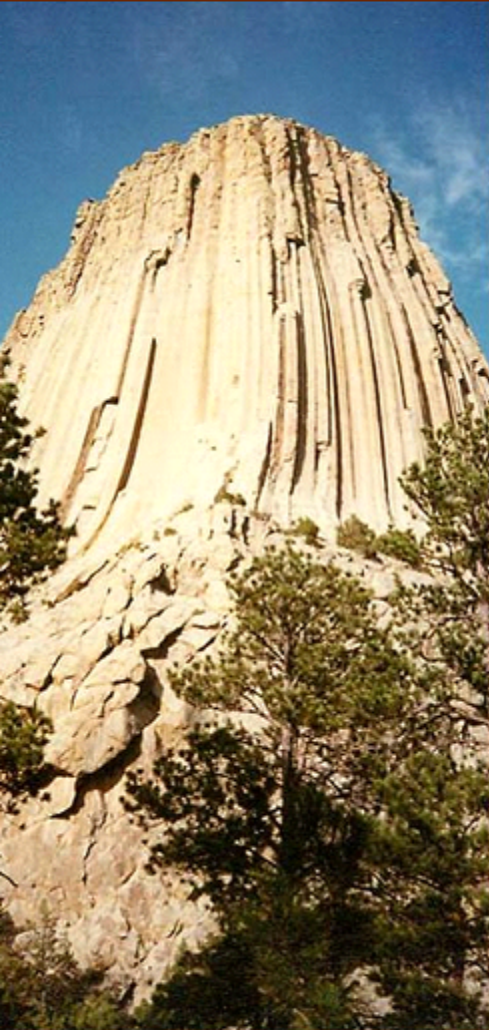


# Permanent Partial Impairment Benefits

For permanent partial impairment the award shall be calculated at the rate of two-thirds ( $\frac{2}{3}$ ) of the statewide average monthly wage for the twelve (12) month period immediately preceding the quarterly period in which the benefits are first paid

The award shall be paid as provided by W.S. 27-14-403 for the number of months determined by multiplying the percentage of impairment by sixty (60) months.

The permanent partial impairment award does not affect the injured worker's eligibility for continued medical benefits related solely to the original injury.



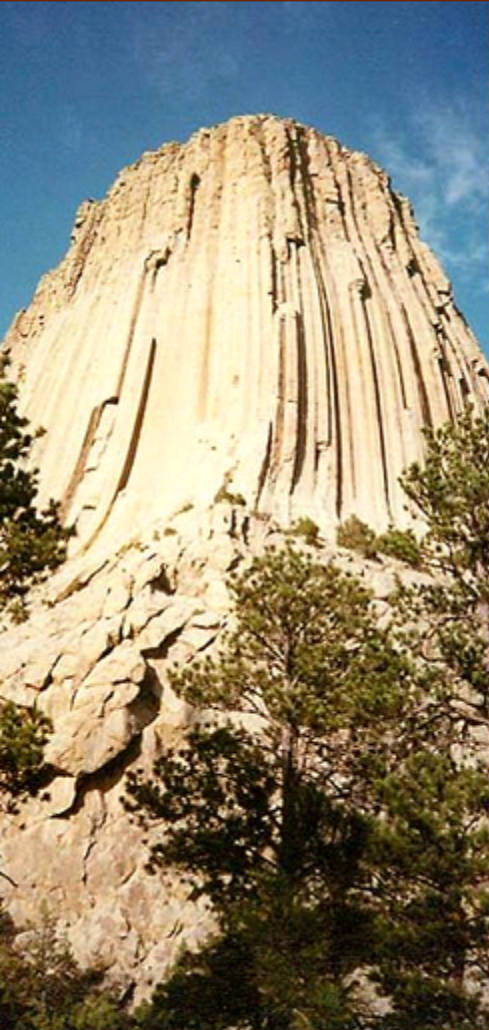
# Vocational Rehabilitation Program

Vocational Rehabilitation is one of two benefits available to an injured worker. The claimant must choose either vocational rehabilitation or Permanent Partial Disability but is not entitled to both awards because of the same physical injury. In order to qualify for this benefit the claimant must meet all the following guidelines:

The claimant has received a permanent impairment award or it is expected that the claimant will receive a permanent impairment award; **and**

The claimant is unable to return to any occupation for which he or she has previous training or experience or was gainfully employed at any time during the three (3) year period before the injury; **and**

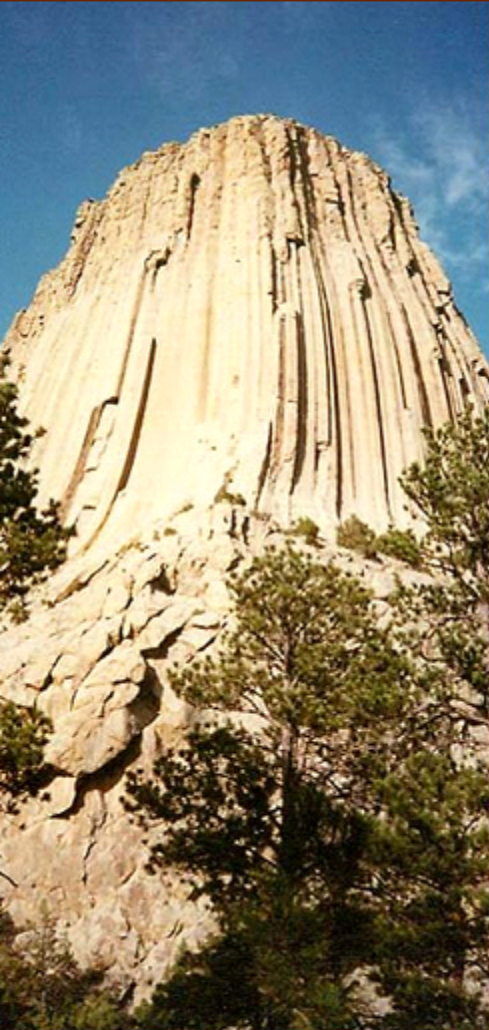
The claimant has not previously received a Vocational Disability award for this injury.



# Vocational Rehabilitation Program

The Division will review the claimants application and make a determination on eligibility. The Division will then issue a determination letter, which the claimant takes to the local Vocational Rehabilitation office to schedule an appointment with a counselor. The counselor will then work with the claimant to develop an individualized rehabilitation plan.

The Division may modify, suspend or terminate participation in the Rehabilitation program if Vocational Rehabilitation notifies the Division that the individual is not cooperating or maintaining satisfactory progress toward rehabilitation goals.

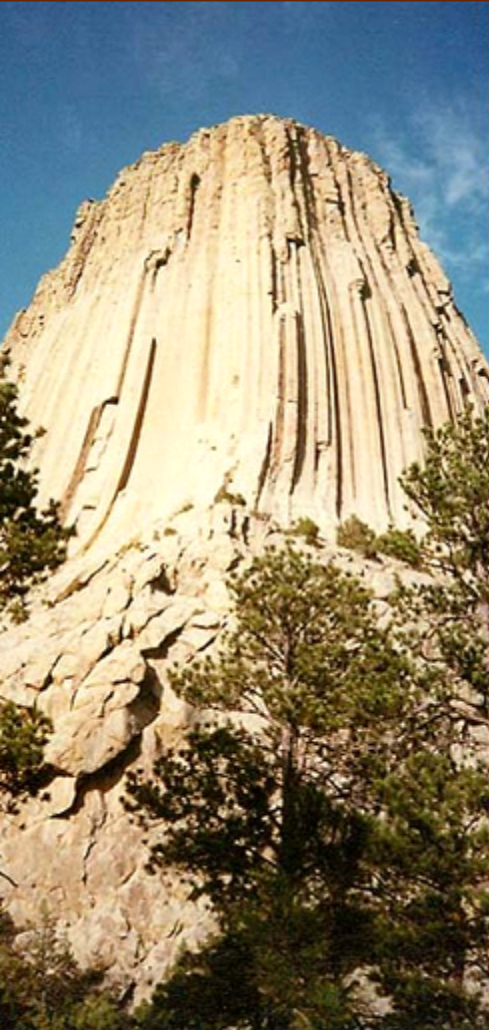


# Permanent Disability Award

This award is different from the permanent physical impairment that workers receive because of their injury. This is a monetary award that compensates claimants for not being able to return to any occupation for which they have previous training or experience. Claimants selecting this award, must meet all of the following guidelines:

Claimants must be unable to return to employment at a wage that is at least 95% of the monthly gross earnings they were earning at the time of the injury, **and**

Claimants must be actively seeking suitable work, considering their health, education, training and experience.



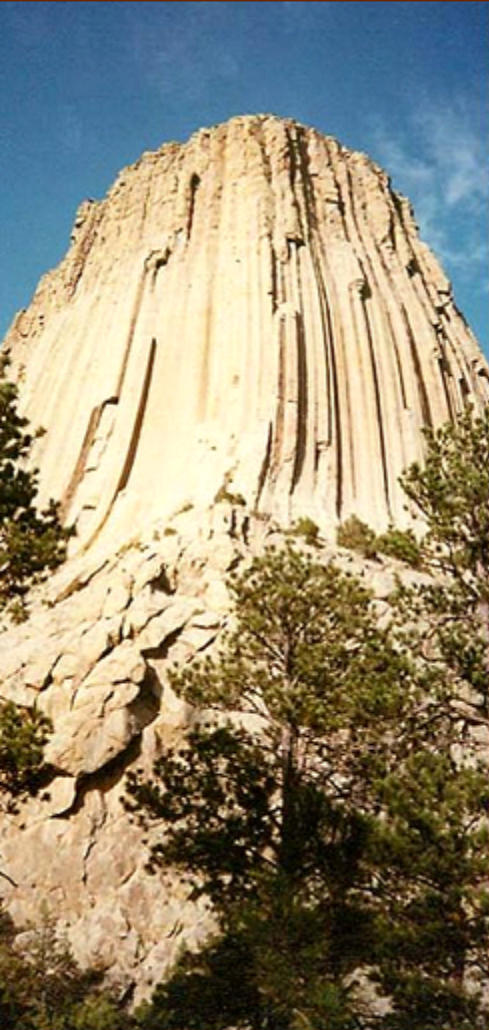
# Permanent Disability Award

To meet benefit eligibility, claimants must provide written verification that they making a continuous sustained effort to seek suitable employment. This may include but not be limited to:

Verification of weekly work search including company names, addresses, phone numbers and the name of the contact person;

Verification that they have registered for work and continue to report to an Employment Resources (Job Service) office in an effort to obtain suitable employment. Provide dates and times and to whom the injured worker reported. Submit a copy of the "Date Sheet" supplied by Job Service.

The Division may need to obtain a vocational evaluation to determine the claimants eligibility for the award.



# Permanent Disability Award

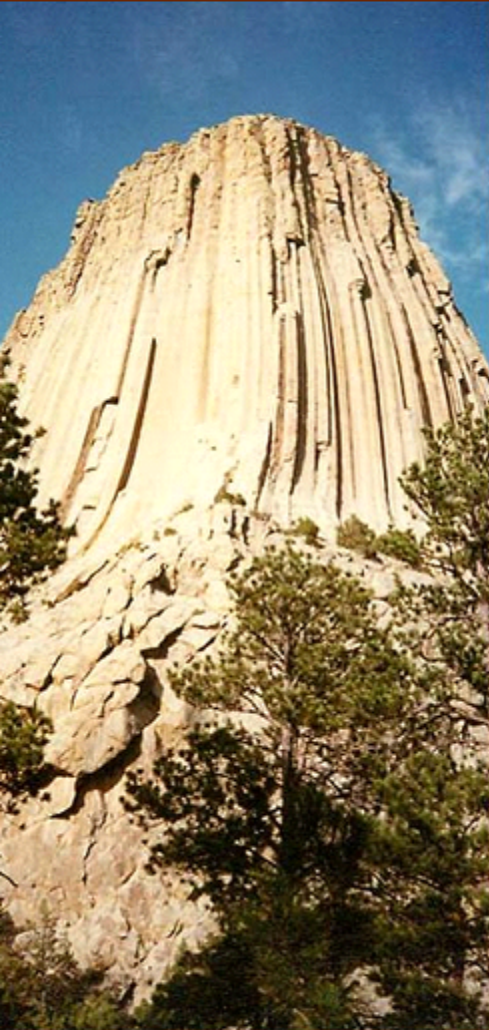
The injured worker must file an application for permanent partial disability. The Application can only be filed during the following time frames:

If the physical impairment payments are six months or less:

At anytime starting three months after ascertainable loss, up to 12 months later

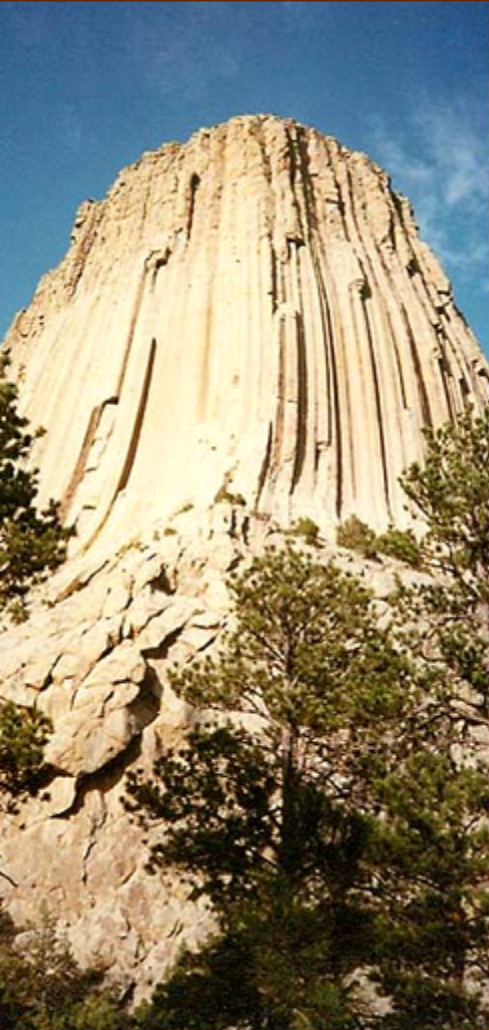
If the physical impairment payments are seven months or greater:

At anytime starting three months prior to the last physical impairment payment, up to nine months from the last payment.



# Permanent Total Disability

Permanent Total Disability (PTD) is a monetary benefit which compensates the worker for the permanent effects of an injury which incapacitates the worker from returning to any form of gainful employment.



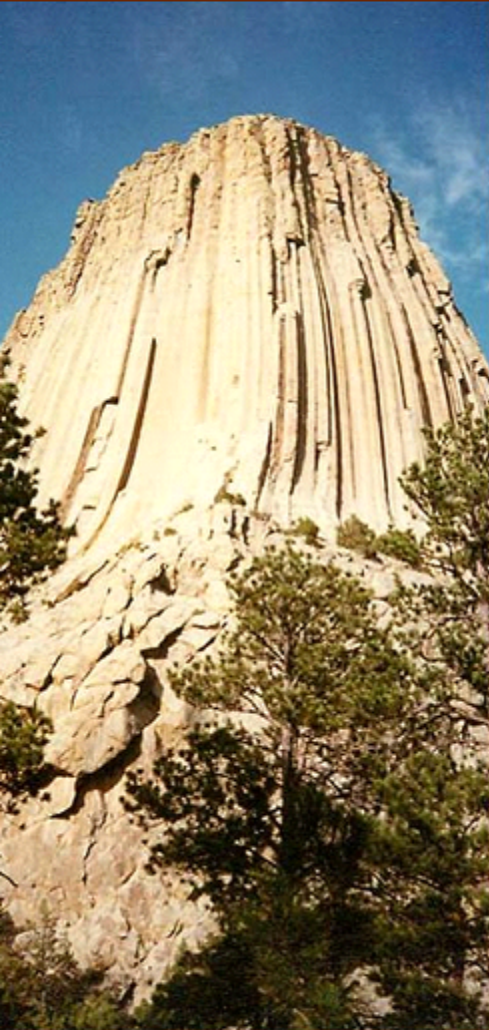
# Permanent Total Disability

A worker may qualify for PTD if:

They meet the definition of Permanent Total Disability under W.S. 27-14-102(a)(xvi).

A physician licensed to practice surgery or medicine certifies that the injury has resulted in PTD. W.S. 27-14-406(a)

The worker's vocational abilities, education and age may also be considered.



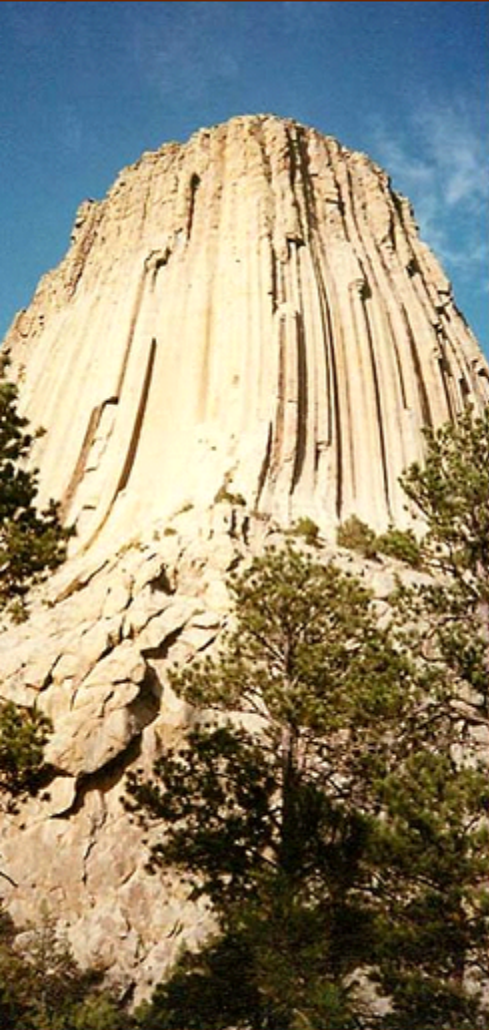
# Permanent Total Disability

To determine the validity of a claim, a claims analyst may obtain:

Functional Capacity Evaluation (unless the claimant's physical conditions indicate otherwise)

Independent Medical Evaluation

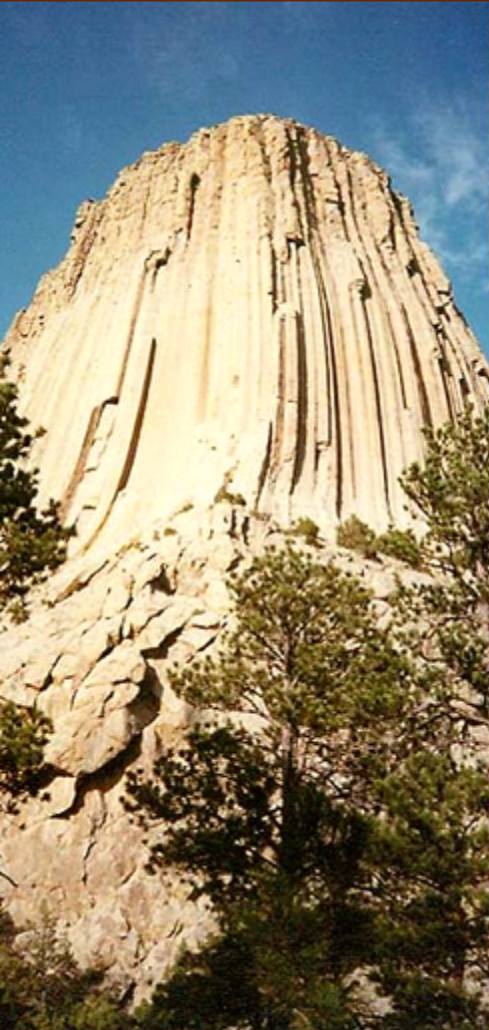
Vocational Evaluation



# Extended Benefits

When Permanent Total Disability benefits are exhausted, the injured worker may qualify for an extension of benefits only if they are still unable to work at any gainful employment.

Extended benefits must be applied for annually.



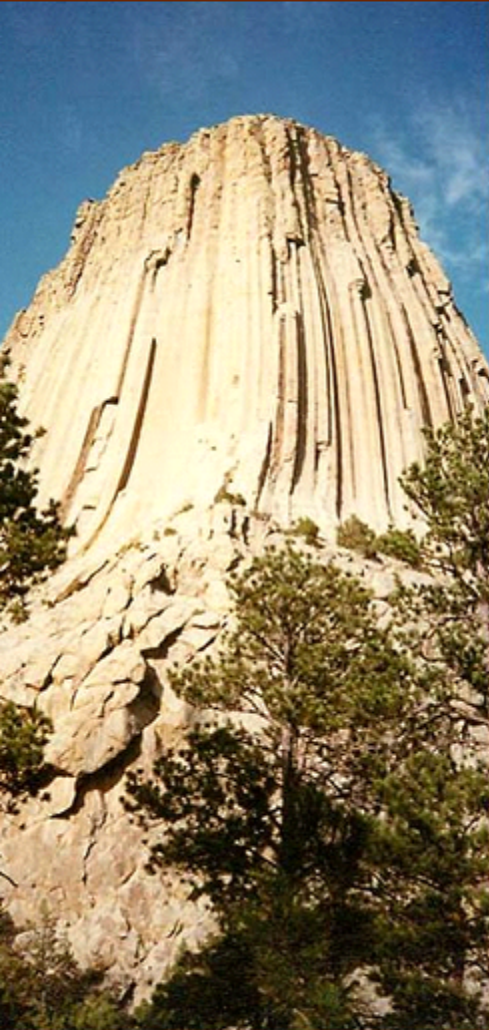
# Extended Benefits

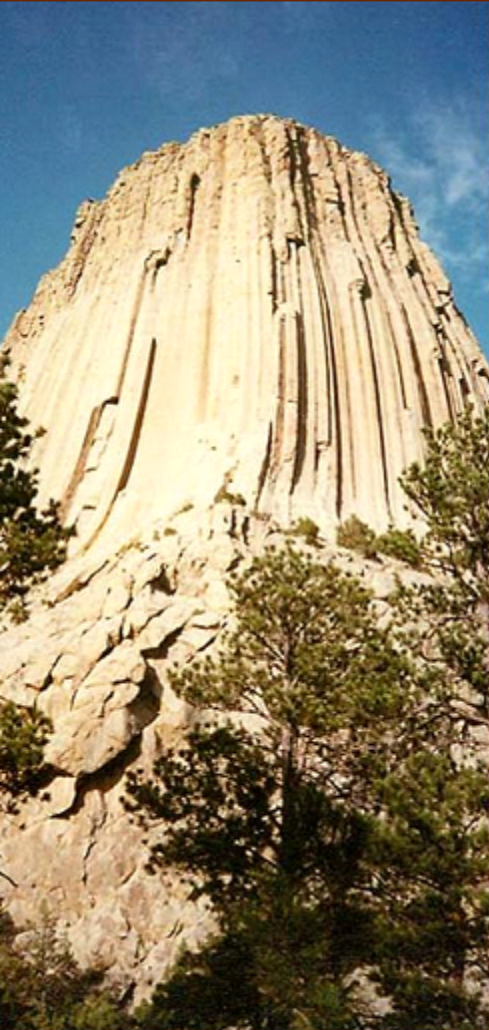
The Extended Benefit amount is determined based on the law in effect on the date the claimant was rendered Permanently Totally Disabled or the date of death.

The Division may attach reasonable conditions to application for or receipt of this award such as re-training or education.

# Extended Benefits

The worker's necessary and reasonable monthly expenses may be considered in the determination of the Extended Benefits award. Necessary expenses include costs for housing, utilities, food, transportation, and insurance.



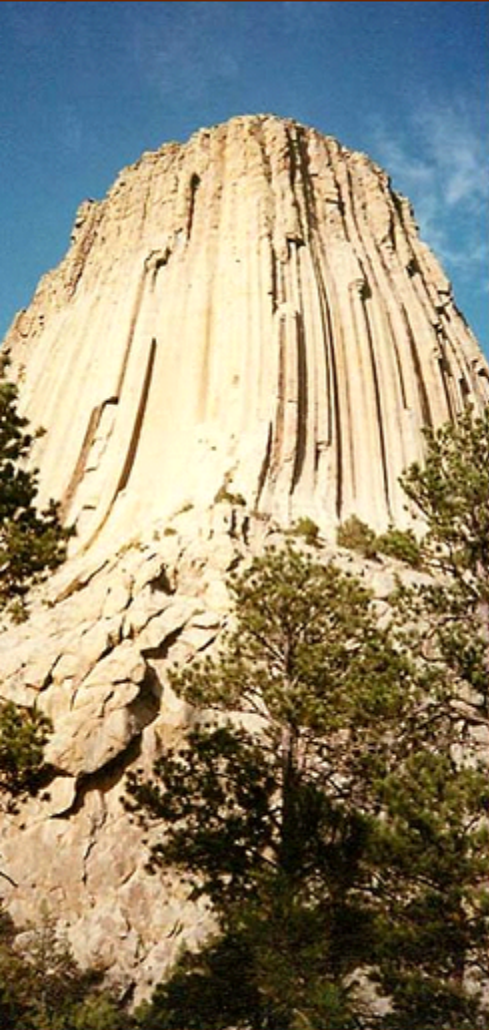


# Death Benefits

In cases of injury resulting in death, an Application for Death Benefits must be filed with the Division within one year from the date of death.

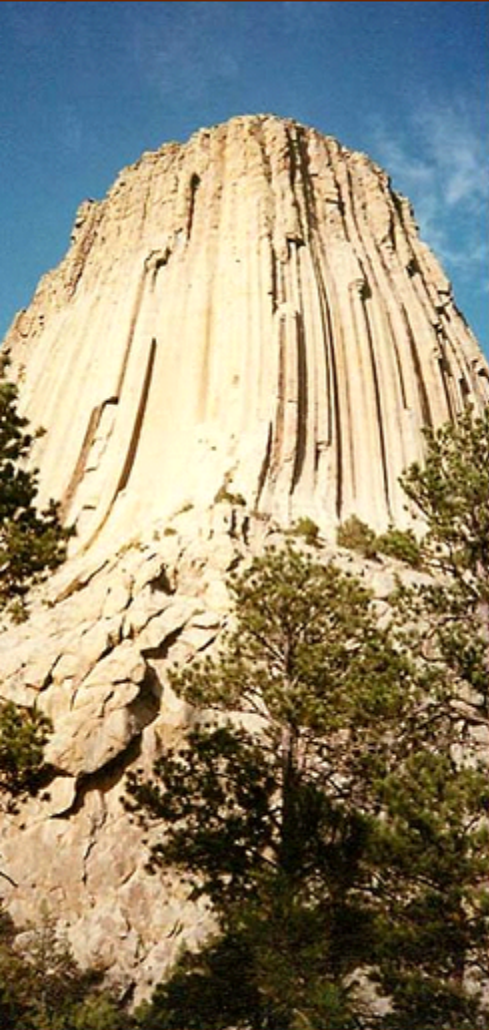
The date of death, regardless of the date of injury, will be used to determine benefits.

Dependent children's benefits are calculated to the age of 21 or the age of 25 if mentally or physically handicapped, or is enrolled in an institute of higher education.



# Death Benefits

The burial expenses of the deceased employee shall be paid in an amount not to exceed five thousand dollars (\$5,000.00) together with an additional amount of five thousand dollars (\$5,000.00) to cover other related expenses, unless other arrangements exist between the employer and employee under agreement.

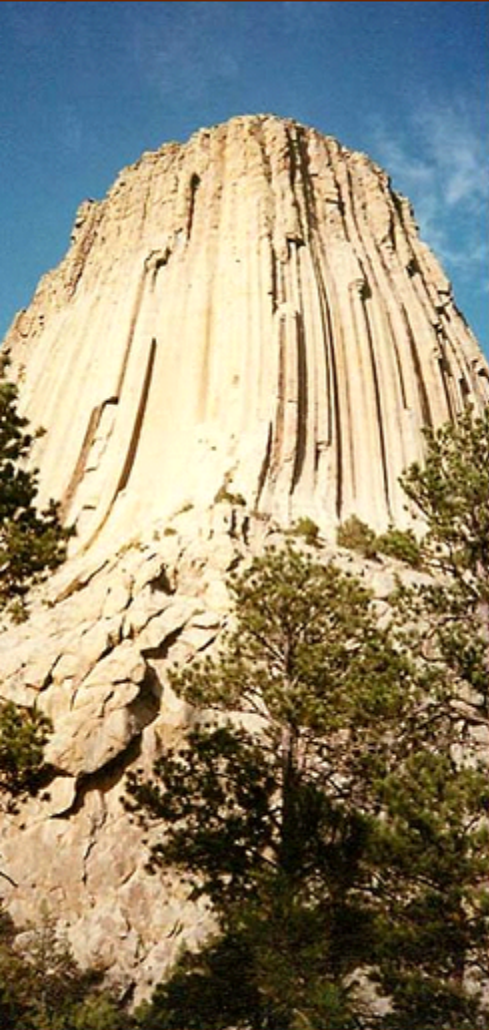


# Death Benefits

A spouse receives benefits for 100 months. If there is no surviving spouse or if the spouse remarries or dies, the balance of the award shall be paid to the surviving dependent children of the employee.

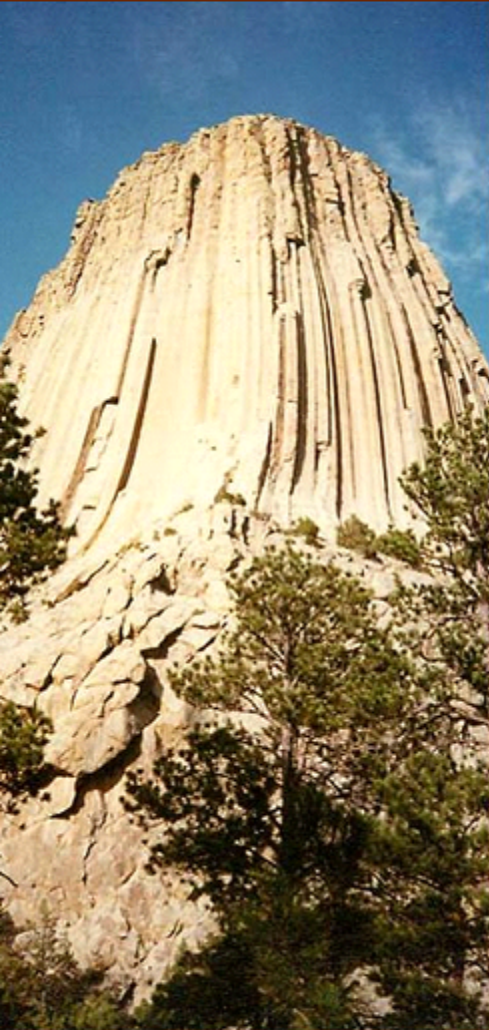
Each surviving dependent child shall receive a share of the award in the proportion that the number of months from the death or remarriage

If there are no dependents and the case is compensable it will be opened for payment of funeral and medical expenses only.



# Dependent Children Benefits

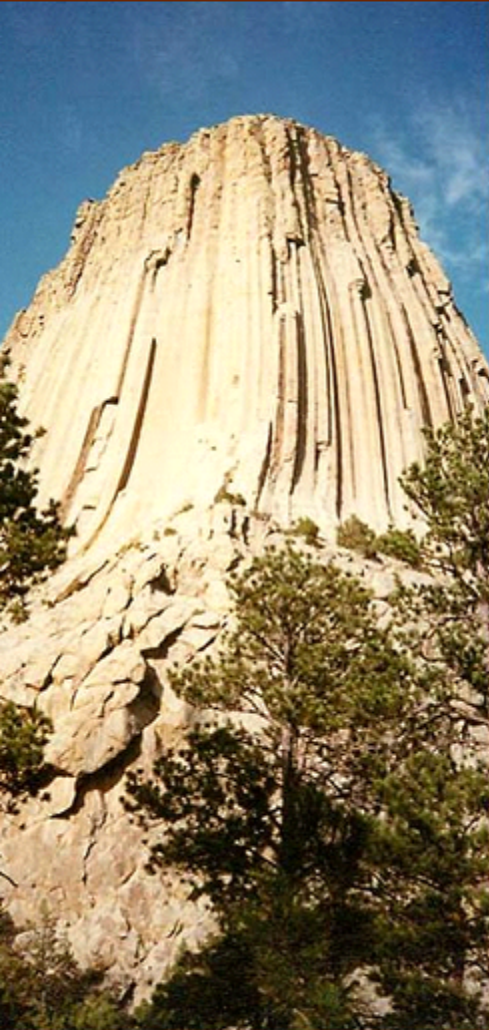
In the case of PTD or death, each child of an employee shall be paid two hundred fifty dollars (\$250.00) per month for payments made after July 1, 2009, until the child dies or reaches the age of twenty-one (21) years, whichever first occurs, or if the child is physically or mentally incapacitated until the child dies unless qualified for and receiving benefits under the Medicaid home and community based waiver program.



# Dependent Benefits

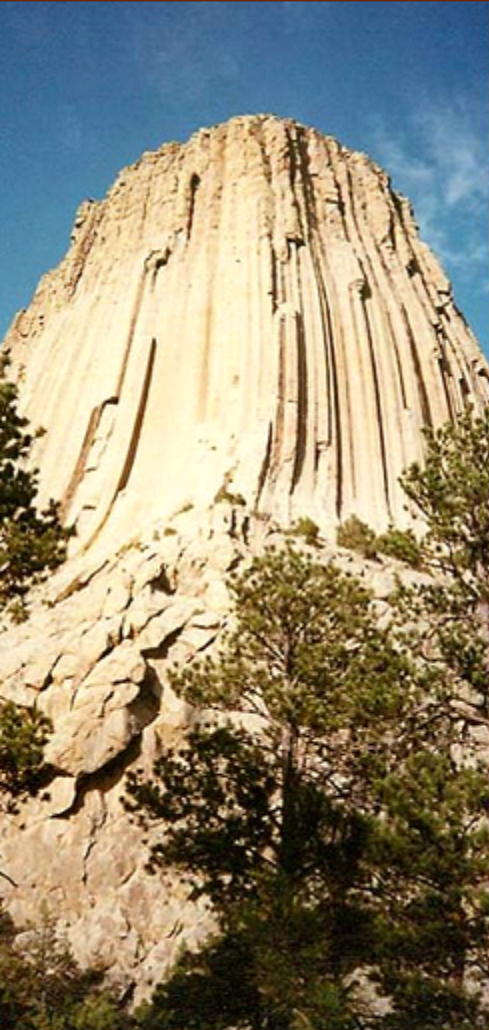
If the child is enrolled or preregistered in a post secondary educational institution including a four-year college, community college or private trade school licensed pursuant to W.S. 21-2-401 through 21-2-407 and providing career, technical or apprenticeship training, the child shall receive the amount provided by this section until the child attains the age of twenty-five (25) years.

The amount awarded will be adjusted for inflation annually using the consumer price index.



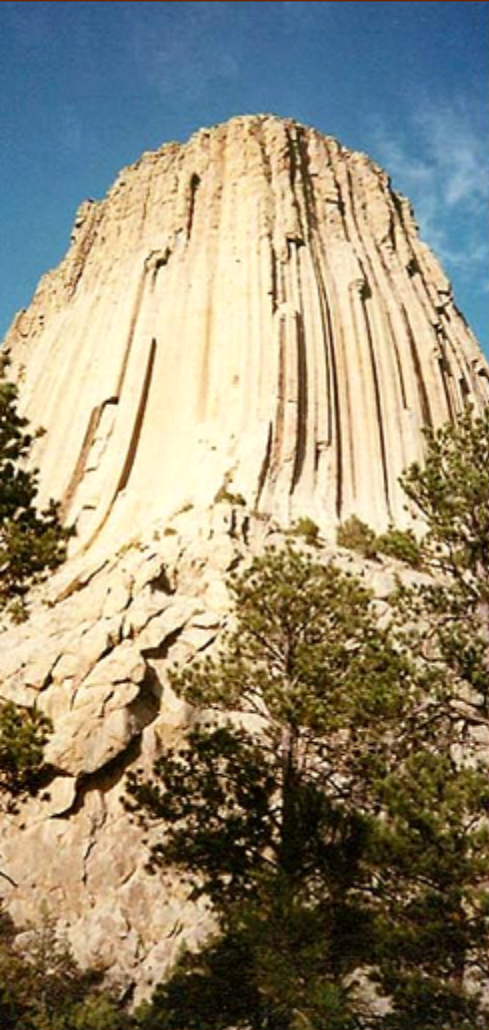
# Dependent Parent Benefits

Dependent parent benefits are also available if the parent(s) can prove that at least one-half (1/2) of his or their financial support from the worker at the time of injury.



# Dependent Parent Benefits

the surviving parent or parents shall receive a monthly payment for sixty (60) months thereafter or until the parent or the survivor of them dies.



# Suggestions for Communicating with your Claims Analyst

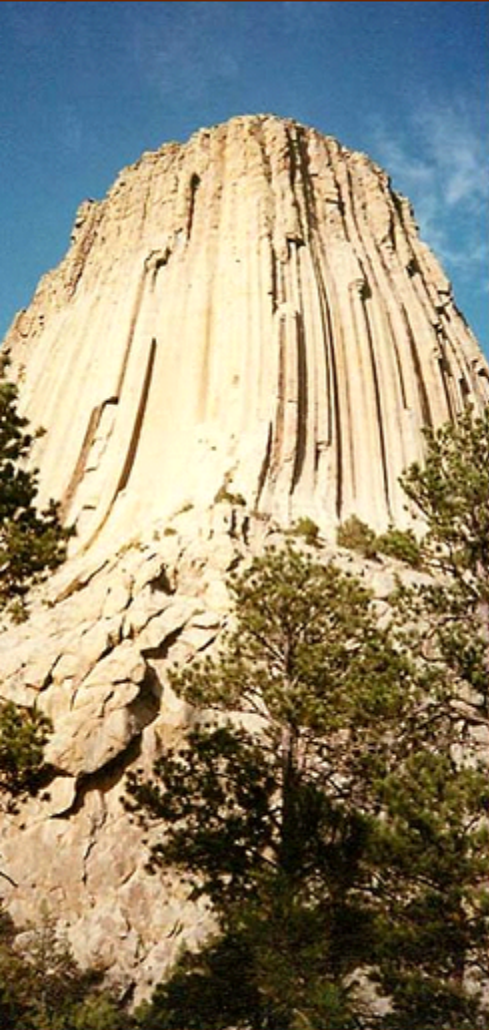
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Communicate in a positive manner.

Keep the Claims Analyst aware of any address/phone changes.

Notify the Claims Analyst immediately when you return to work or when you are placed off work due to the injury.

Notify your Claims Analyst immediately if there is a change or cancellation of a doctor's appointment.



# Suggestions for Communicating with Your Employer

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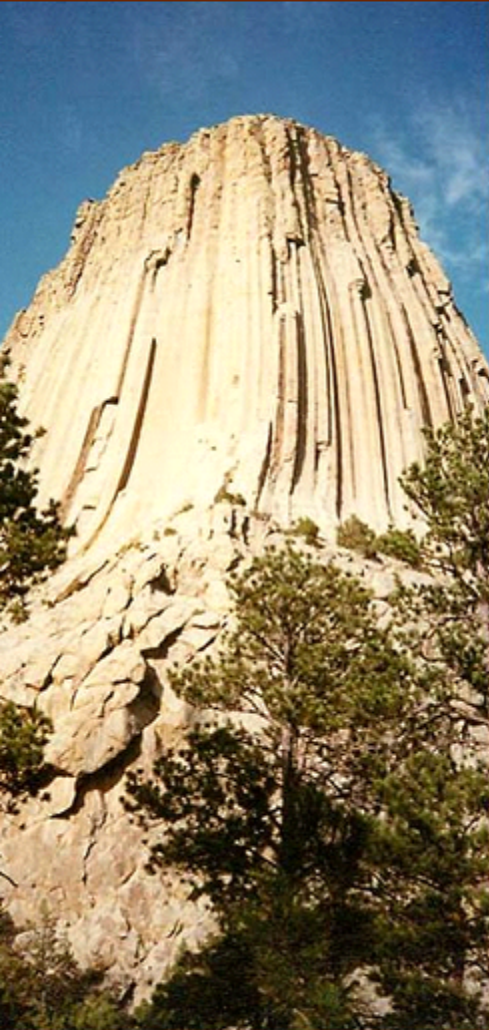
Communicate frequently and positively with your employer.

Notify the employer of your return to work status, work restrictions, and medical treatment.

Ask the employer if they will accommodate those restrictions and allow you to return to work. (Light Duty)

# Suggestions for Communicating with Your Employer (Continued)

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When you return to work, notify your employer of any continuing medical appointments in connection with the injury.

Try to schedule your doctor's appointments so you take minimal time away from your job.

Wages are not required to be paid for the time missed for medical appointments.

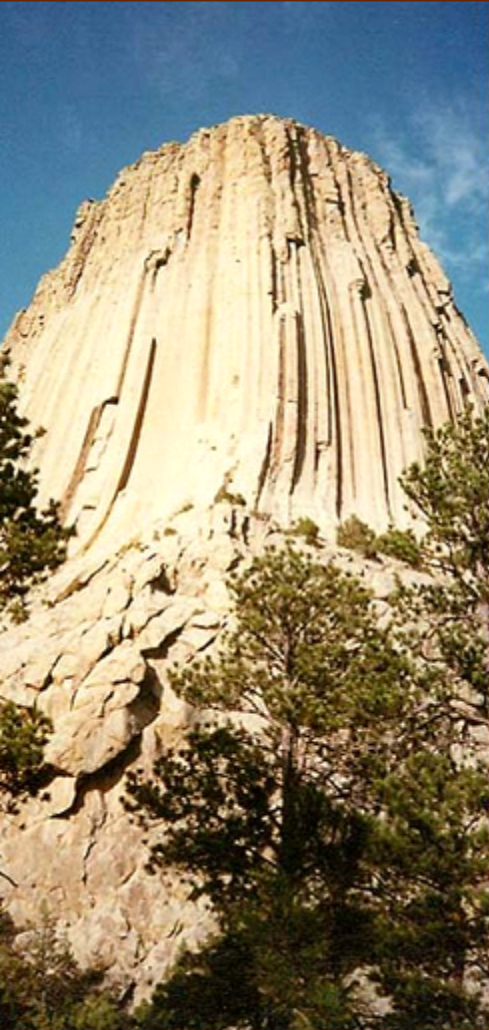
# Suggestions for Successful Care Provider Visits

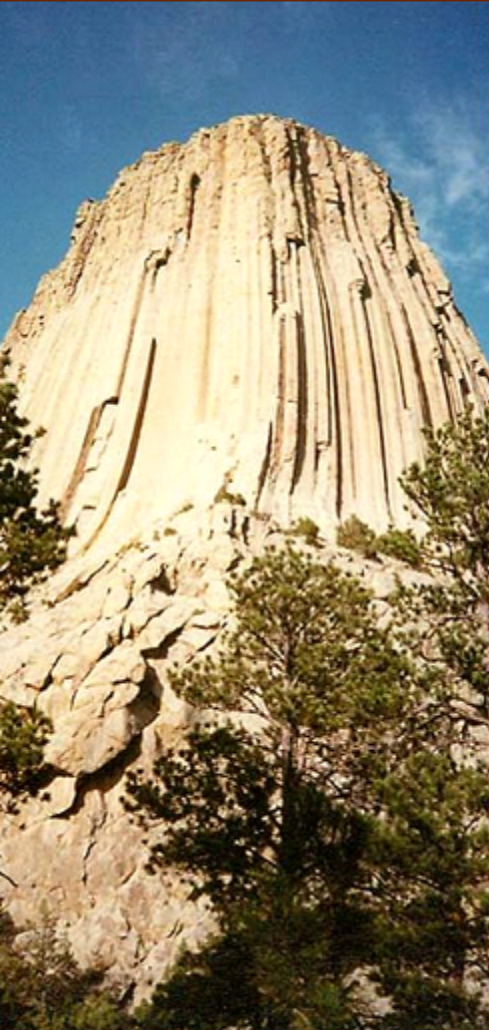
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Be on time for your appointments.

If you need to cancel an appointment,  
give as much notice as possible.

It is very important to provide complete  
information about how your injury  
occurred, and to identify all body parts  
affected by the accident.





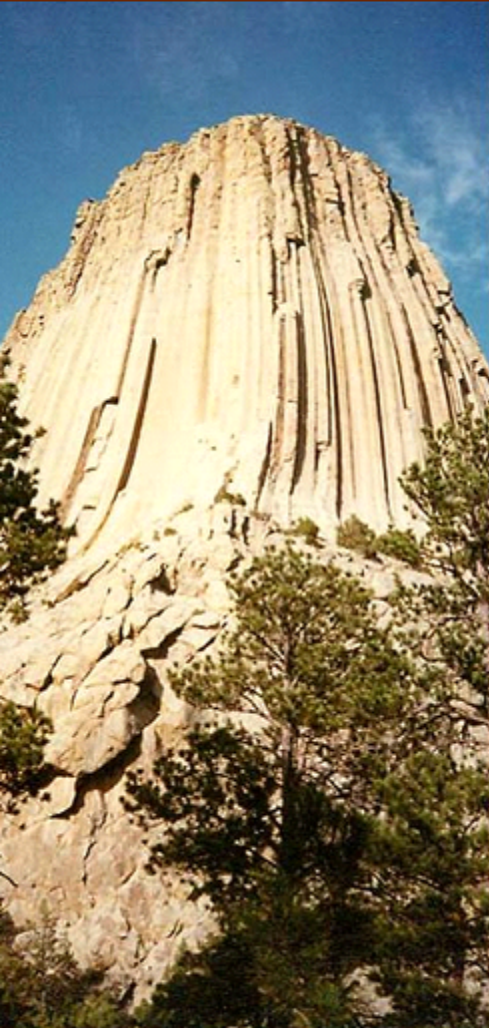
# Suggestions for Successful Health Care Provider Visits (Continued)

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Be thorough. Give your complete medical history including a list of current medications.

Be prepared. Have a list of questions or concerns you would like to discuss with the doctor.

Follow your doctor's treatment plan.



# QUESTIONS AND CONCERNS

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For additional questions or concerns about your claim contact your claims analyst, or you may wish to contact our Customer Service Unit during business hours at (307)777-5476, or via e-mail at [askmewc@state.wy.us](mailto:askmewc@state.wy.us).